### **Appendix J**

#### **Forms**

This appendix provides samples of forms for use with the Automated Commercial System (ACS).

Copies of the Harmonized Tariff Schedule (HTS) Tape Order Form and Disclaimer Statement, Automated Clearinghouse (ACH) Application Form are included in this appendix.

These forms may be photocopied. The submitted copy must contain original signatures.

## Harmonized Tariff Schedule (HTS) Tape Order Form and Disclaimer Statement

# U.S. CUSTOMS SERVICE APPLICATIONS DEVELOPMENT DIVISION TARIFF COMPLIANCE 1331 PENNSYLVANIA AVE., NW, 15<sup>TH</sup> FLOOR WASHINGTON, DC, 20229

l, DC 20229
Contact:
Phone:
options. Select only one of the options by placing an
4ASCII 1600 BPI 9 TRACK 11" REEL TAPE
5CARTRIDGE EBCIDIC IBM 3480 FORMAT
6CARTRIDGE ASCII IBM 3480 FORMAT
2We are actively participating in the ABI Program. Our client representative/contact person at Customs is:
ER STATEMENT
is provided as an advisory tool for use by the trade. While this tape, the Service does no guarantee its accuracy or its
ice responsible for the accuracy nor completeness of the HTS ugh this request. Likewise, the undersigned will not hold the to specific Customs entry transactions that will be generated
use of the HTS data contained on the automated tape is solely as for refunds or damage incurred from its use.
(Title)
(Date Signed)

#### **ACH Application Form**

	ms Service Au		ghouse Da	RM ily Statement Payment Program mation to Mellon Bank)
Date:				
Action to be taken:	Add 🖵	Chan	ge 🖵	Delete 🗆
If action is a change or a delete.	, please provid	e:		
Current ACH Payer Unit Numb	oer:		Requested (Effective date	Effective Date: should be at least two business days in the future.)
If action is an add, change, or d	elete, please p	rovide the follow	ving inform	ation:
Payer Company Name: Payer Company Address:				
Payer Contact Name: Payer Telephone:				)
Please provide applicable impo Importer Number:				applicant. filer code:
Bank Name: Telephone: ( ) Bank must be a National Automated				t.
completed and accompanies this ap erroneous account information who	count information opplication. The enthe specification	ACH payer will be tion sheet is not su	d that a spe e held respon bmitted and	k Number: better (obtained from your bank) be assible for defaults that result from incomplete or certified by bank personnel. Please verify that iffications sheet match before forwarding to the
Name of Customs Broker/Filer: Contact Name: U.S. Customs ABI Client Repre	esentative of C	ustoms Broker/I	3 digit file Telephone Filer	er code: :: ( )
Name of Authorizing Company	Official		Signature	of Authorizing Company Official
This application should be faxe	d or mailed to	the ACH Coord	inator at:	
U.S. Customs Service National Finance Center ACH Applications 6026 Lakeside Blvd. Indianapolis, IN 46278		317) 298-1259 Phone: (317) 29	98-1200 Ex	t. 3156
(To be completed by the U.S. Custom ACH Payer Unit Number		ned by USCS)	(Effective da	Date tte is first date ACH payment authorizations may be oms Broker/Filer)

## **Automated Clearinghouse** (ACH) Application Form

A separate ACH Application Form must be completed for each bank account if multiple accounts are used in the Automated Clearinghouse (ACH). To receive notification of the assigned Payer's Unit Number quickly, print the FAX telephone number in the upper right-hand corner of the form. If a broker is providing the form on behalf of the client, the client's FAX number should be provided.

Definitions for the data elements reported on the ACH Application Form are defined below:

ACH Application Form are defined below:		Address	The address of the bank related to	
<b>Data Element</b>	Description		the bank account information.	
Add	Check this box if the action is to add new banking account data.	Telephone	The telephone number of the bank related to the bank account information.	
Change	Check this box if the action is to change banking account data already on file.	ACH Bank Transit Routing	A 9-position number identifying the location of the bank where the bank account is located. This	
Delete	Check this box if the action is to delete the ACH payer's unit number. Deleting the record will prevent its future use in the ACH payment outhorization transaction.	Number	number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.	
Current ACH Payer Unit Number	payment authorization transaction.  The current ACH payer unit number for which the change or delete is requested.	ACH Bank Account Number	The bank account number which is to be used in the ACH payment process. This number is obtained from the bank. It is the responsibility of the payer to	
Requested Effective Date	The date the change is to take place. Effective dates for changes should be at least two business days in the future.	Name of Customs	ensure that the information provided is correct.  The name of the Customs Broker/Filer the payer will use in	
Payer Company Name	The name of the company which relates to the bank account information being provided.	Broker/Filer	the ACH payment authorization transmission. If payer uses more than one Customs Broker/Filer, provided the name of only one.	
Payer Company Address	The city, state and ZIP code of the company which relates to the bank account information being provided.	3-Digit Filer Code	The filer code of the related Customs Broker/Filer the payer will sue in the ACH payment authorization transmission.	
Payer Contact Name	The name of the contact person for the related payer company name.	Contact Name	The name of a contact person of the related Customs Broker/Filer name.	

**Data Element** 

Payer Telephone/

FAX

Code

**Importer** 

Number or

3-Digit Filer

**Bank Name** 

**Description** 

assigned.

the ACH payment.

The telephone and FAX number

of the company responsible for

The 12-position importer number

or the 3-position filer code

identifying the payer to which the

ACH payer unit number will be

The name of the bank related to

bank account information.

Data Element	Description	Data Element	Description
Telephone	The telephone number of the related Customs Broker/Filer contact name.	Signature of Authorizing Company Official	A legible signature of the company official who is authorized to release the information on the form.
U.S. Customs ABI Client Representative of Customs Broker/Filer Name of	The name of the ABI Client Representative of the related Customs Broker/Filer the payer will use in the ACH payment authorization transmission.  The name of the company official	ACH Payer Unit Number	The six-digit ACH payer unit number assigned by U.S. Customs in "ADD" actions. This number will be used in the ACH payment authorization transmission to U.s. Customs.
Authorizing Company Official	who is authorized to release the information provided on the form.	Effective Date	Provided by Customs. The date the first ACH payment authorization may be transmitted to U.S. Customs by the payer's filer.

# Importation of Motor Vehicle Equipment Subject to Federal Motor Vehicle Safety, Bumper and Theft Prevention Standards

The sample of this form has been removed. Contact your client representative for a copy.

Depa	artmen	t of Transportat	ion	Box	Record Identifier	Data Element	Note
Data elements that may be required if certain boxes are checked on the Declaration for Importation of Motor Vehicle Equipment Subject to Federal Motor Vehicle Safety, Bumper and Theft Prevention		tion of Motor	6	DT01	Box Number, Box Certification, Official Orders Certification, and ISO Country Code		
Standar	ds (HS7) are	e listed below:			DT02	Make, Model, Year and Vehicle Identification	
Box	Record Identifier	Data Element	Note			Number	
1	DT01	Box Number and Box Certification		7	DT01	Box Number, Box Certification, Prior Approval Letter, and Importer's Substantiating	
	DT02	Optional				Statement Certification	
2A	DT01	Box Number, Box Certification, Clarification			DT02	Optional	
	DT02	Code Optional	1	8	DT01	Box Number, Box Certification, Importer's Substantiating Statement	
	DT03	Optional	1			Certification	
2B	DT01	Box Number, Box			DT02	Optional	
20	D101	Certification, Official Orders Certification, Substantiating Statement Certification		9	DT01	Box Number, Box Certification, Importer's Substantiating Statement Certification	
	DT02	Required			DT02	Optional	
3	DT01	Box Number, Box Certification, DOT Bond		10		Phased out October 1992	
		Code and copy of contract		11	DT01	Box Number and Box Certification	2
	DT02	Make, Model, Year, Vehicle Identification Number, NHTSA Registered Importer Number, and Vehicle Eligibility Number		12	DT01	Box Number, Box Certification, Official Orders Certification and ISO Country Code	
4	DT01	Box Number and Box Certification			DT02	Make, Model, Year and Vehicle Identification Number	
	DT02	Optional					
5	DT01	Box Number, Box Certification, Passport Number, and International Organization for Standardization (ISO) Country Code		<b>Notes:</b> 1 2	transmitted  If the DT02	2 and DT03 records are 1, the transaction is rejected. 2 record is transmitted, the	
	DT02	Make, Model, Year and Vehicle Identification Number			transaction	is rejected.	

# **Import Inspection Application and Report (Meat, Poultry and Meat or Poultry Products), FSIS 9540-1 Form**

The sample of this form has been removed. Contact your client representative for a copy.